PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003									RD HOSS Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TO						
TOTAL CLAIMS			71				RA			FEE		RATE	FEE	
FC	PR	NUMBER	FILED	NUMB	NUMBER EXTRA		BASIC F	EE	375.00	OR	BASIC FEE	750.00		
TC	TAL CHARGEA	7 minus 20= *			21		X\$ 9:	=	918.00	OR	X\$18=			
INE	DEPENDENT C	7 minus 3 = * 4					X42=		336.00	1	X84=			
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					4.45		700.00		550		
* If	the difference	in column 1 is	less than ze	nan zero, enter "0" in column 2				+140:	4		OR			
								TOTA	L		OR	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	OTHER SMALL I		
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	4	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 71	Minus	** 7	1	=		X\$ 9=	-		OR	X\$18=		
	Independent	* 7	Minus	***	7	=		X42=			OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			OR	+280=		
								TOTA	•		٩٥	TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)		ADDIT. FE	EE L		,	ADDIT. FEE		
AMENDMENT B	The state of the s	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	•	ADDI- FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=	:		OR	X\$18=		
AME	Independent	RESENTATION OF MULTIPLE DEPENDENT CLAIM				X42=			OR	X84=				
<u> </u>	1.4101111200	NIANOI OF MC	CHIPCE DE	ENDENT	CEAMAI		1	+140=			OR	+280=		
								TOTA			OR	TOTAL		
		(Column 1)		(Colum	າດ 2)	(Column 3)	,	ADDIT. FE				ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST BER USLY	PRESENT EXTRA		RATE	•	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=	$\dagger$			X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=			OR	+280=		
***	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								EL		OR ,	TOTAL ADDIT. FEE		
		nber Previously Pai					r fou	nd in the	appro	opriale box	in col	umo 1.		
FORM	PTO-875 (Rev. 12	2025 U.S. Gra	errenera Printing C	2003 - A	OR-278/80	151	Pale	nt and Ton	dema	k Office, U.S	S. DEP	ARTMENT OF	COMMERCE	

\*U.S. Government Printing Office: 2003 - 498-278/89151